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SEP 20 2005

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25748 7590 06/22/2005

CELERA GENOMICS
ATTN: WAYNE MONTGOMERY, VICE PRES, INTEL
PROPERTY
45 WEST GUDE DRIVE
C2-4#20
ROCKVILLE, MD 20850

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/784,340	02/16/2001	Ming-Hui Wei	CL000763	1842

TITLE OF INVENTION: ISOLATED NUCLEIC ACID MOLECULES ENCODING HUMAN DRUGMETABOLIZING PROTEINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/22/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
RAMIREZ, DELIA M	1652	435-069100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. CELERA GENOMICS2. LIN SUN-HOFFMAN

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

APPLERA CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NORWALK, CT.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 90-0970 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date: September 20, 2005Typed or printed name Lin Sun-HoffmanRegistration No. 47,983

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DATE: September 20, 2005

DUE DATE: September 22, 2005

TO: Issue Fee
USPTO

FROM: Lin Sun-Hoffman, Ph.D.
Celera Genomics
(240) 453-3628

FAX NO: (571) 273-2885

OF PAGES (incl. cover): 3

Re: U.S. Serial No. 09/784,340, filed February 16, 2001
Entitled "ISOLATED NUCLEIC ACID MOLECULES ENCODING HUMAN
DRUG-METABOLIZING PROTEINS"
Atty. Docket No.: CL000763

Please find attached Issue Fee Transmittal in duplicate for the above-identified application.

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